

Name
in
Full

Edward Bevin

in waters of Rock Creek

CERTIFICATE OF DEATH

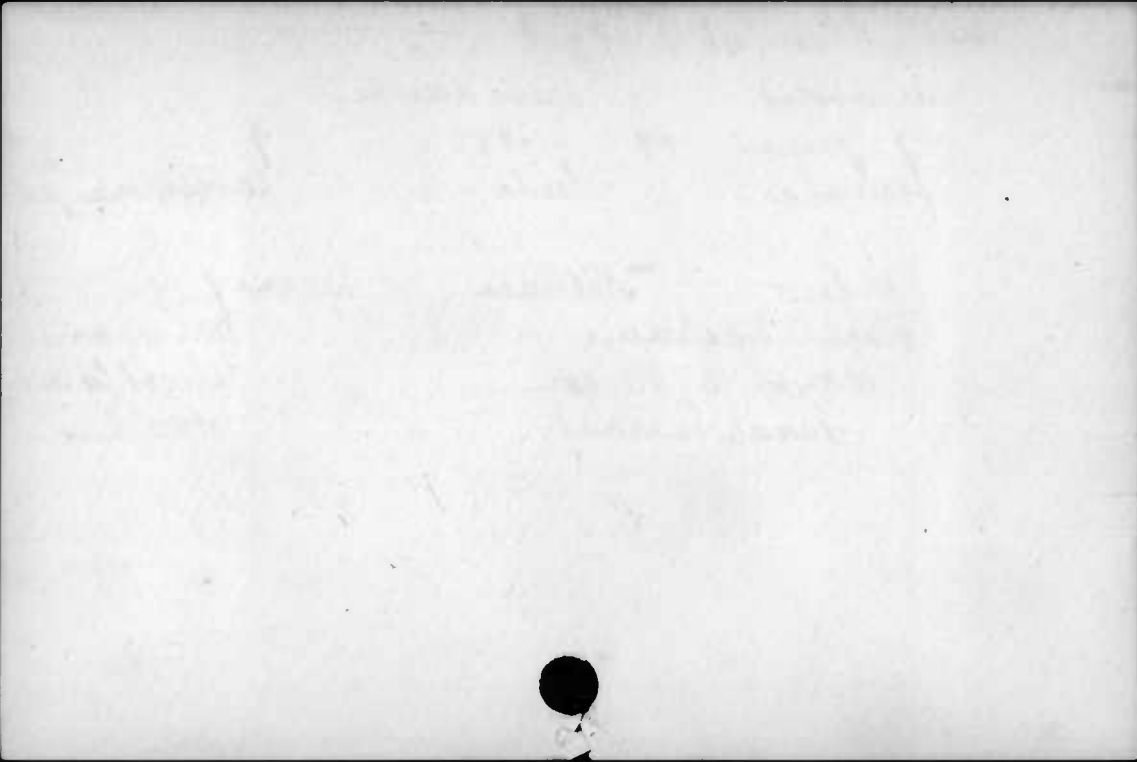
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Harmon Summit Resort* 3rd Dis of *a a c m*Date of death 1907 *June* 7 Age *about 12*Sex *male* Color or Race *Caucasian* Birth-place *Balti. City - Ind*Occupation *School Boy* Where Residing if not at place of death *18^r Penn. Barron Bldg. Home or place of residence*Married, Single or Widowed *single* Name of Wife or Husband *—*Father's Name *Bevin* Father's Birthplace *Germany*Mother's Maiden Name *unknown* Mother's BirthplaceName of person giving information *Wm C Riess* How related to deceased *none*

CAUSES OF DEATH

Primary *Accidental Drowning* *172* How long *a few moments*Immediate *Yes* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *William S. Dwyer*Address *Justice of the Peace Acting as Coroner* Accident or Suicide? *Accident*



Name
in
Full

Juliet Wilson Berrey

CERTIFICATE OF DEATH

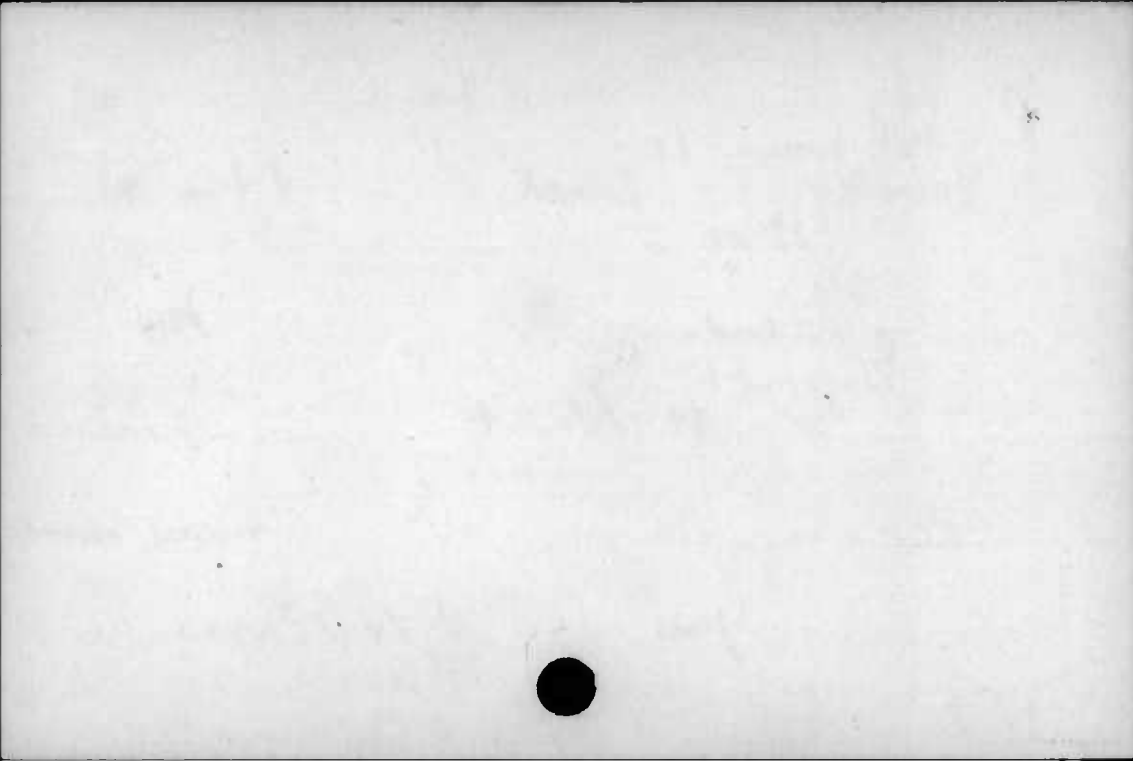
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>June</u>	Day <u>19</u>	Age <u>85</u> Years	Months <u>9</u> Days <u> </u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore, Md.</u>		
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>widow</u>	Name of Husband <u>Nathaniel G. Berrey</u>				
Father's Name <u>John Washburn</u>	Father's Birthplace <u>Delaware</u>				
Mother's Maiden Name <u>Harriet A. Wilson</u>	Mother's Birthplace <u>Calvert Co. Md.</u>				
Name of person giving information <u>Sarah Berrey</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Senility</u>	<u>154</u>	How long <u> </u>
Immediate			How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>H. Clement Clauser, M.D.</u>	Address <u>93 St. John St., Annapolis, Md.</u>
Accident or Suicide?	<u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full *George Blake*

Town

Died at *Bayard*

County

Anne Arundel

Date

of death *1907*

Month

June

Day

11

Years

Age

10

Months

Days

Sex

*Female*Color or
Race*Black*Birth-
place*A. A. Co. Md.*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Geo. Blake*Father's
Birthplace*Md.*Mother's
Maiden Name*Elizabeth*Mother's
Birthplace*Virginia*Name of person giving
information*Gantt Hult*How related
to deceased*Friend*

CAUSES OF DEATH

Primary

*Endocarditis**(78)*

How long

Several months

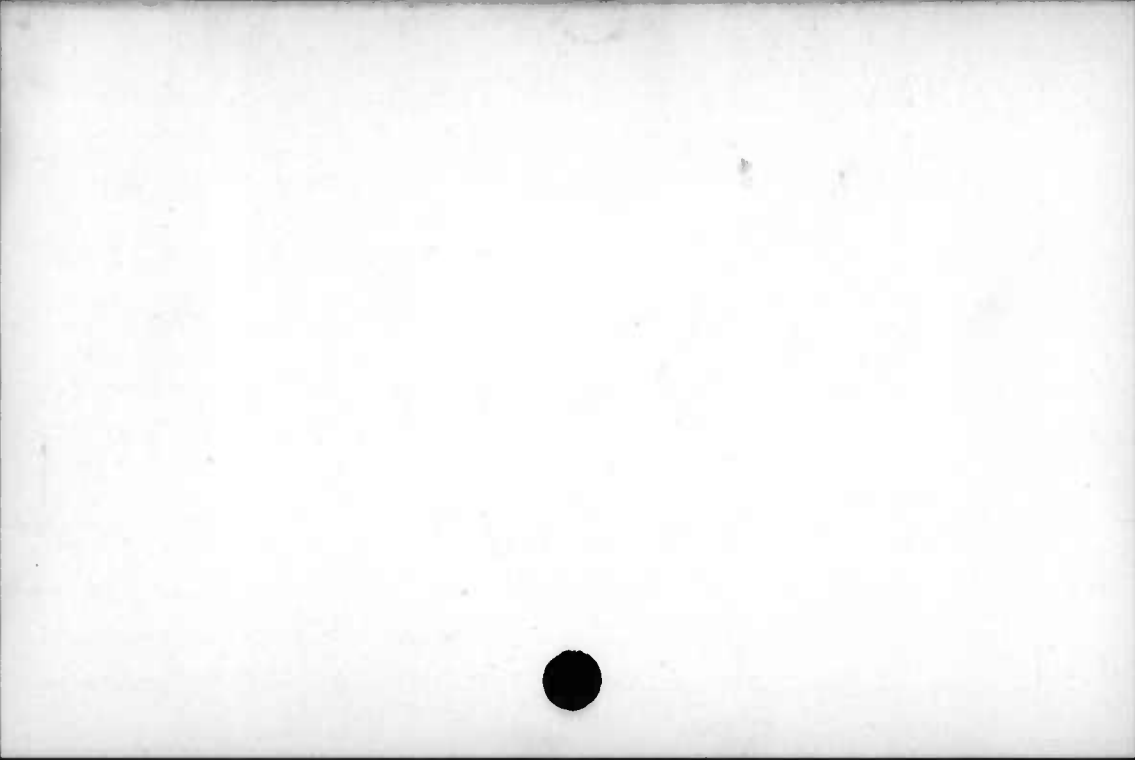
Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. H. Perrie*

Address

McKenney, Md.

Accident or Suicide?



Name
In
Full

Ellen Boston

CERTIFICATE OF DEATH

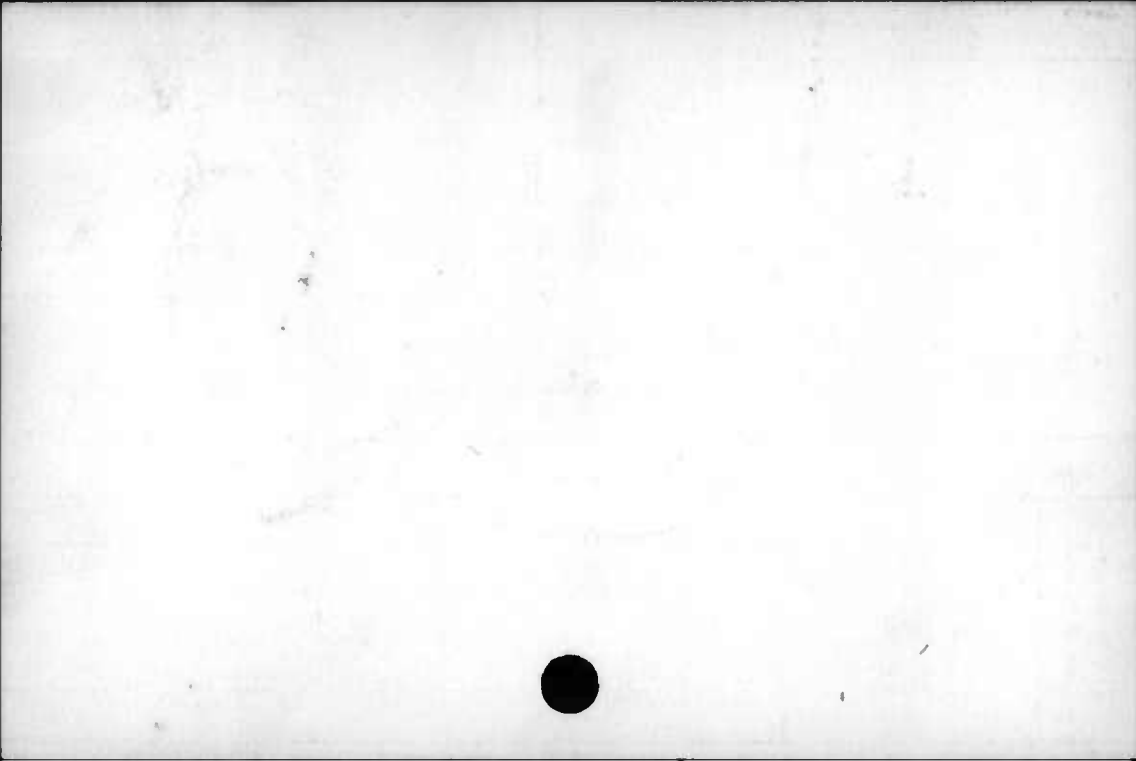
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1907	Month	June	Day	2
Age		70		Months	
Sex	Female	Color or Race	Colored	Birth-place	Md
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>William Boston</i>		
Father's Name	Unknown		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	Unknown		Mother's Birthplace		
Name of person giving information	William Boston		How related to deceased <i>son</i>		

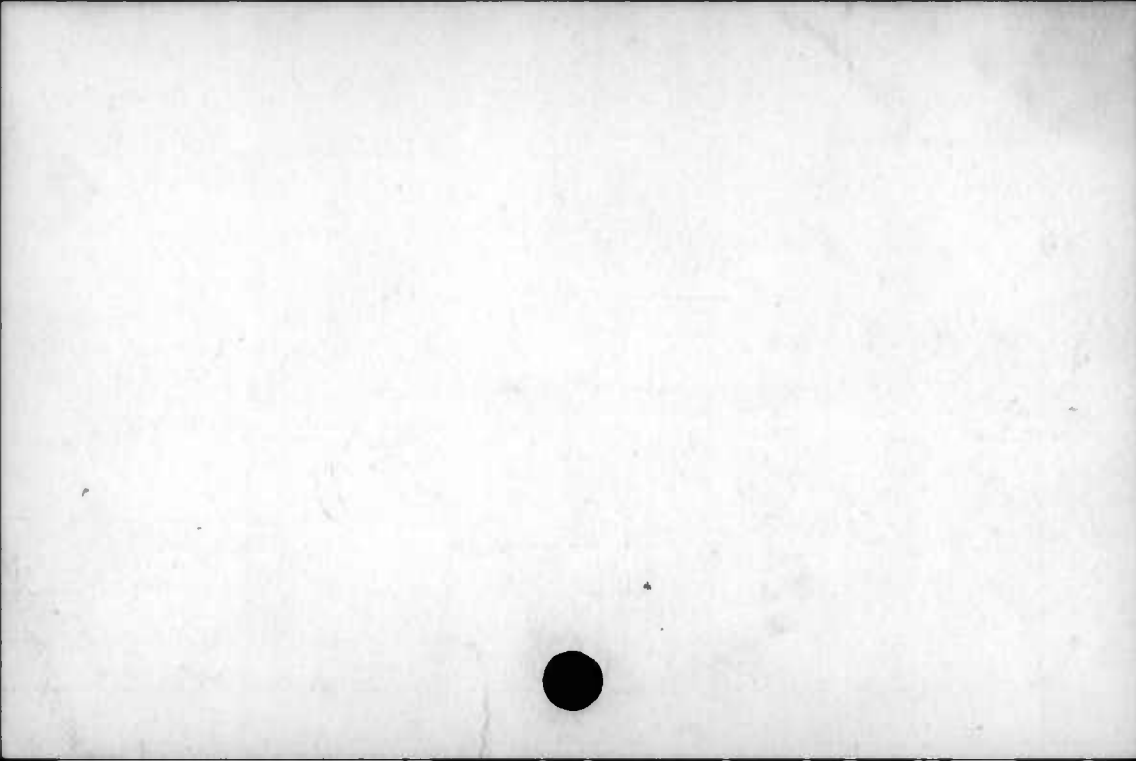
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Indefinite</i>
Immediate	<i>Cardiac Syncope</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes, as far as known	
Signature of Physician		<i>Wm. J. Welch, Health Officer</i>	
Address		<i>Annapolis</i>	
Accident or Suicide?		<i>No</i>	



Name in Full Wm Boston		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Annapolis <small>Town</small>		Art Co <small>County</small>
	Date of death 1907 <small>Month</small> June <small>Day</small> 1st <small>Age</small> 20 yrs <small>Years</small> 20 <small>Months</small> 0 <small>Days</small> 0		MARYLAND
	Sex Male	Color or Race colored	Birth-place Annapolis
	Occupation Laborer	Where Residing if not at place of death	
	Married, Single or Widowed <input checked="" type="checkbox"/> Single	Name of Wife or Husband	
	Father's Name Samuel Boston	Father's Birthplace Art Co	
	Mother's Maiden Name Sarah Blower	Mother's Birthplace Art Co	
Name of person giving information Father Saml Boston	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	In tuberculosis (27)	
	Immediate	Exhaustion	
	Are the name, age, sex, color, date and place correctly given above?	yes	
	Signature of Physician	John Ridout, M.D.	
	Address	Annapolis Md	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

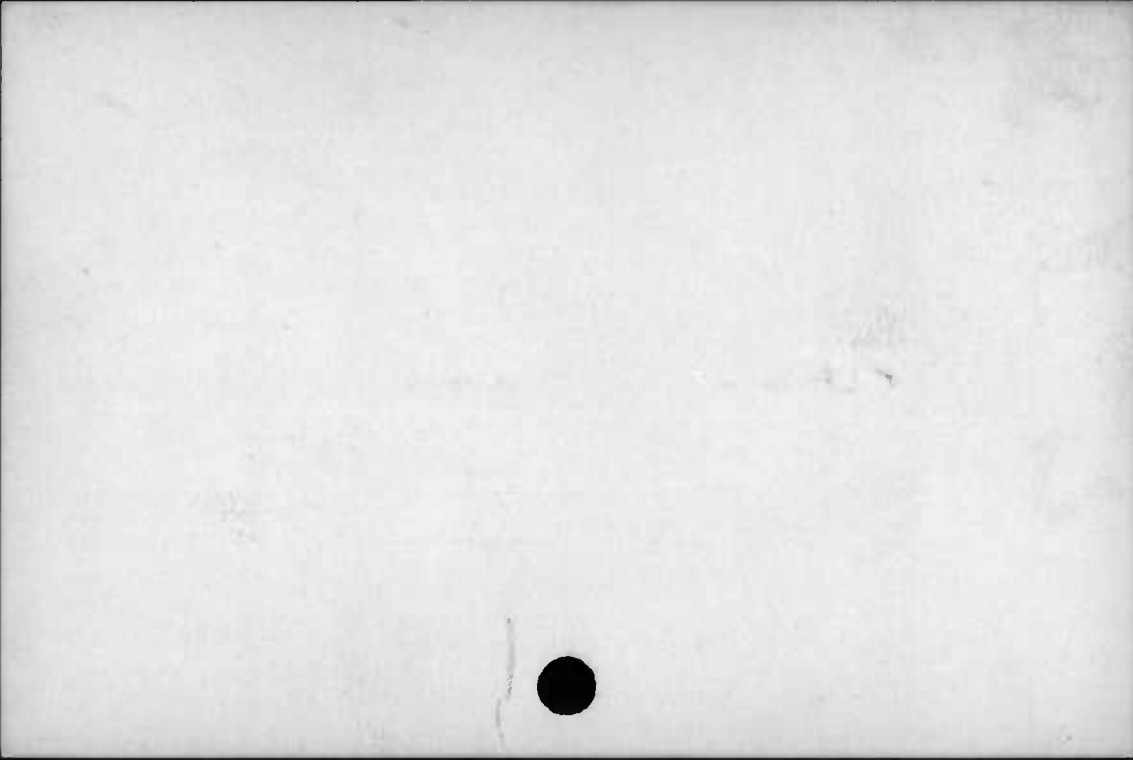
Died at <i>Annapolis</i> Town		<i>A. A. C. O</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>27</i>	Age	Months <i>21</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>			
Occupation <i>unknown</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>William Brown</i>	Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>William Brown</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>William Brown</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

(157)

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>	How long	<i>Since Birth</i>
Immediate	<i>Asthenia</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?			



Name
in
Full

Merry E Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Neck</i>		Town <i>A A Co</i>		County <i>A A Co</i>		MARYLAND	
Date of death	1907	Month	June	Day	14	Age	—
Sex	Female	Color or Race	Color	Birth-place	A A Co.		
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	Charles Butler				Father's Birthplace	A A Co.	
Mother's Maiden Name	Larney Grawe				Mother's Birthplace	A A Co.	
Name of person giving information	Steven Grawe				How related to deceased	Grand Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Narasmus (157)		How long	Months
Immediate	Exhaustion		How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		John Ridout, M.D.		
		Address		
		Annapolis		
		Md		
Accident or Suicide?				



Name
in
Full

Lowell L. Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u>		Town		County <u>a - a</u>		MARYLAND	
Date of death <u>1907</u>		Month <u>June</u>		Day <u>6</u> - Age <u>33</u>		Years Months Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Warrenton Va.</u>			
Occupation <u>Carpenter</u>		Where Residing if not at place of death <u>Annapolis, Md.</u>					
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mary W. Christopher</u>					
Father's Name <u>Charles H. Christopher</u>		Father's Birthplace <u>Va.</u>					
Mother's Maiden Name <u>D. Halden</u>		Mother's Birthplace <u>Va.</u>					
Name of person giving information <u>Mrs. Louisa H. Halden</u>		How related to deceased <u>Ami</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Erysipelas</u>		(18)		How long <u>one week</u>	
Immediate <u>Septicemia</u>				How long <u>three days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Louis B. Threlkeld Jr.</u>			
		Address <u>Annapolis, Md.</u>			
Accident or Suicide? <u>Neither</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joshua Lippencott Glover</i>		Town <i>Sudley</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Sudley</i>		Date of death <i>1907 June 27</i>		Age <i>77</i>		Months <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>New Jersey</i>		Days <i>24</i>	
Occupation <i>Undertaker</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Crandell</i>					
Father's Name <i>Noah Glover</i>		Father's Birthplace <i>N.J.</i>					
Mother's Maiden Name <i>Hensietta Lippencott</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Albert L. Glover</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary <i>Angina Pectoris</i>	<i>(80)</i>	How long <i>One year</i>
Immediate <i>Angina Pectoris</i>		How long <i>—</i>

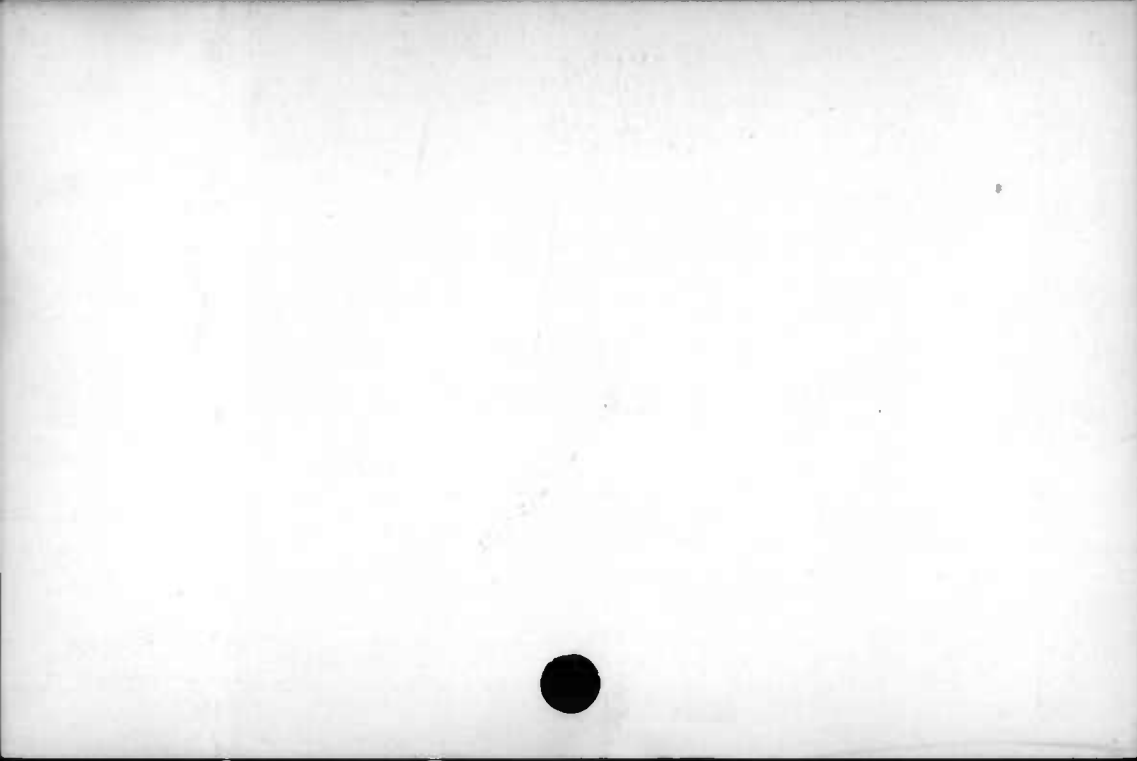
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Geo. T. Bent
Churston

Accident or Suicide? *—*



Name
in
Full

F' Lucy Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Annapolis* Town *Annapolis* County *Annapolis* MARYLAND

Date of death *1907* Month *June* Day *6* Age *52* Years Months Days

Sex *Female* Color or Race *Colored* Birthplace *Virginia*

Occupation *Domestic* Where Residing if not at place of death *Superior Court*

Married, Single or Widowed *Married* Name of Wife or Husband *William Hackett*

Father's Name *James Johnson* Father's Birthplace *Virginia*

Mother's Maiden Name *Elizabeth* Mother's Birthplace *"*

Name of person giving information *A. Carolina Stewart* How related to deceased *friend*

CAUSES OF DEATH

Primary *Acute Gastritis* **(104)** How long *Several weeks*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Ridout, M.D.
Annapolis
Md.

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Honey

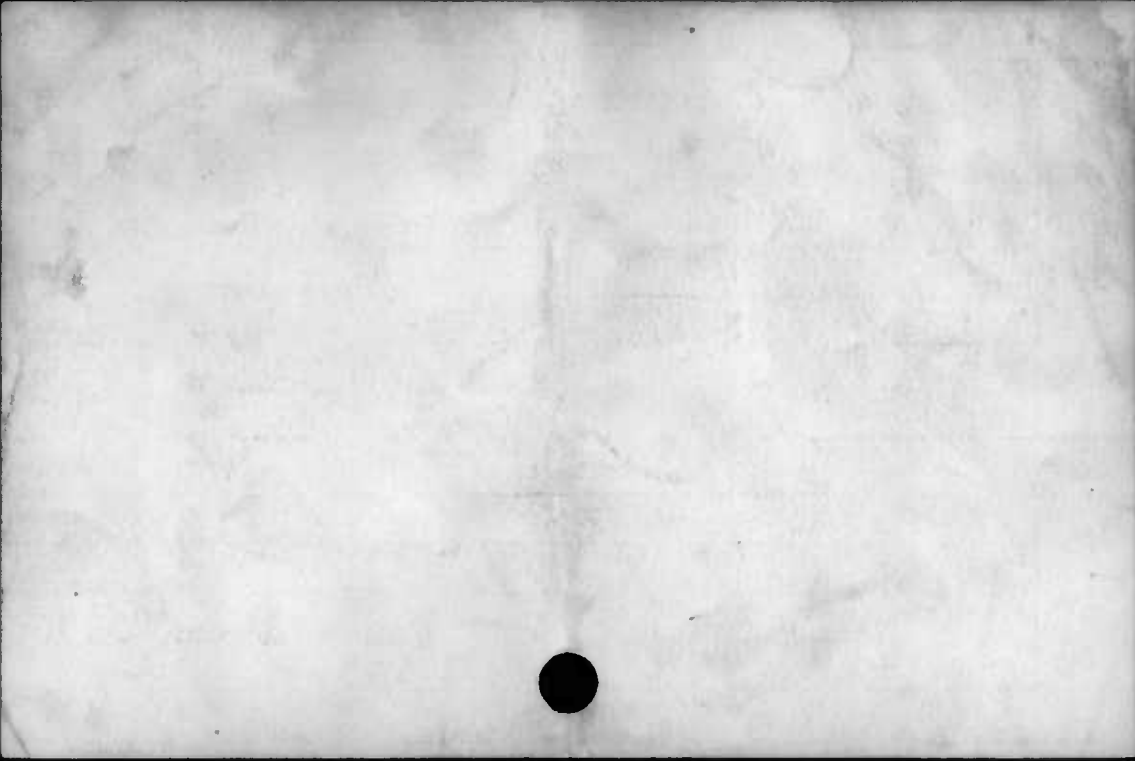
Died at <i>St Margarets</i> Town		<i>Anne Arundell</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>23d</i>	Age <i>4</i>	Years <i>4</i> Months <i>4</i> Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>St Margarets</i>			
Occupation <i>_____</i>		Where Residing if not at place of death <i>St " "</i>			

Married Single <i>Single</i>	Name of Wife or Husband <i>_____</i>
Father's Name <i>Thomas Honey</i>	Father's Birthplace <i>St Margarets</i>
Mother's Maiden Name <i>Rose Hunt</i>	Mother's Birthplace <i>A.A.Co.</i>
Name of person giving information <i>Thomas Honey</i>	How related to deceased <i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exhaustion</i>	How long <i>one month</i>
Immediate <i>Exhaustion</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. De Redout M.D.</i>
	Address <i>Annapolis Md</i>
	<i>R. H. Do No!</i>
Accident or Suicide?	



Name
in
Full

William Howard

CERTIFICATE OF DEATH

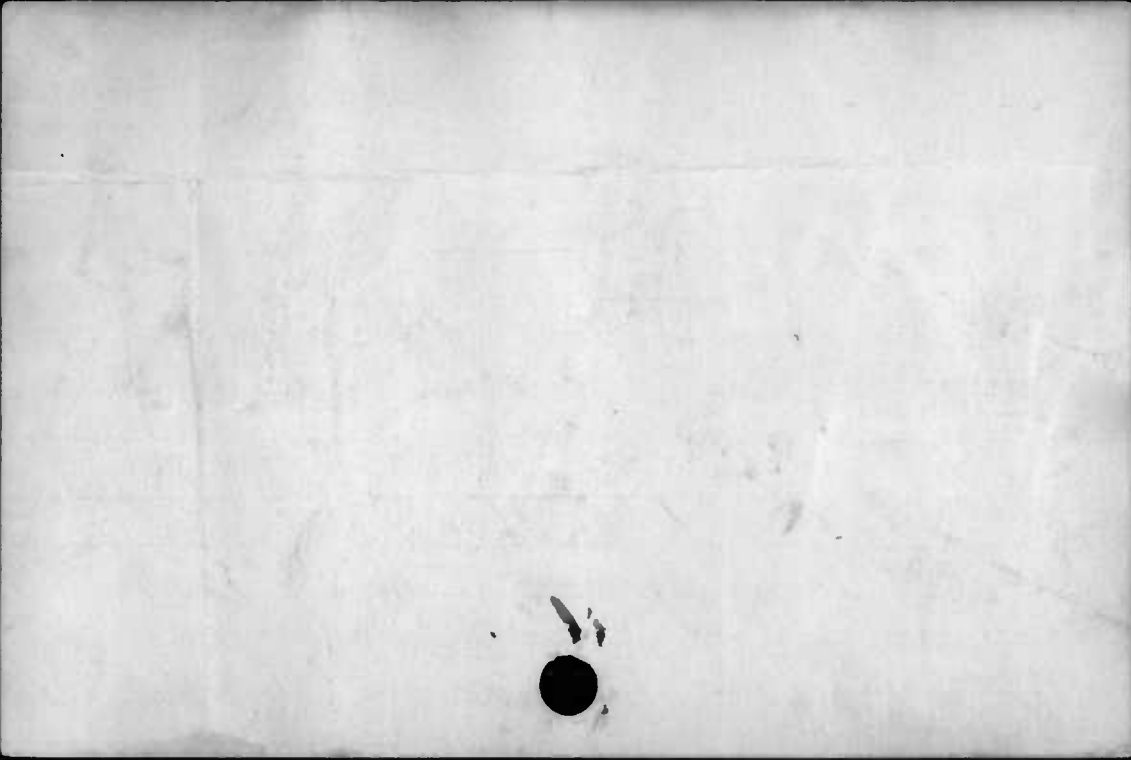
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freetown</i> Town		<i>Ann Arundel</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>June</i> Day	Age	<i>53</i> Years	Months Days
Sex	<i>male</i>		Color or Race	<i>color</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Ann Arundel</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Frances Howard</i>	
Father's Name	<i>William Howard</i>			Father's Birthplace	<i>Ann Arundel</i>
Mother's Maiden Name	<i>Elizabeth Howard</i>			Mother's Birthplace	<i>Ann Arundel</i>
Name of person giving information	<i>Chas Edward</i>			How related to deceased	<i>Son in law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>paralysis</i>	How long	<i>12 days.</i>
Immediate	<i>apoplexy</i>	How long	<i>1 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thomas H Brown M.D.</i>
		Address	<i>Elvaton</i>
Accident or Suicide?			<i>Ann Arundel co</i>



Name
in
Full

Milton Jackson -

CERTIFICATE OF DEATH

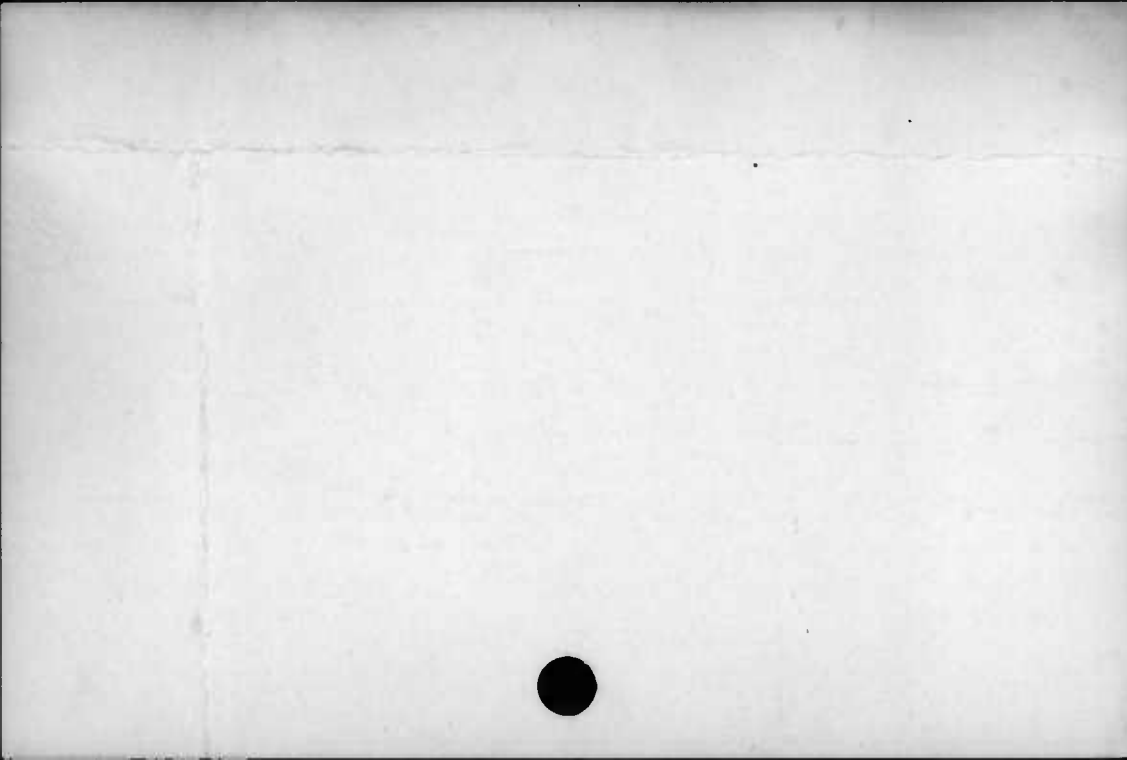
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armiger P. O.</i>		County <i>Anne Arundel.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>5</i>	Age <i>13</i>	Months <i>10</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>A. A. Co.</i>		
Occupation <i>School boy</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Andrew Jackson</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Elizabeth Burnett</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>William Jackson</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Six weeks</i>
Immediate <i>Heart Failure</i>	How long <i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellingslee M.D.</i>
	Address <i>Armiger</i>
Accident or Suicide? <i>No</i>	<i>M.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Monky Clemons James*

Died at *Annapolis* ^{Town} *a. a.* ^{County} *Co.* **MARYLAND**

Date of death *1907* ^{Month} *June* ^{Day} *6.* ^{Age} *1* ^{Years} *11.* ^{Months} *8* ^{Days}

Sex *Male* Color or Race *Colord.* Birth-place *Annapolis Md*

Occupation *-* Where Residing if not at place of death *77 N. W. 1st St.*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *William Thomas James* Father's Birthplace *Annapolis Md*

Mother's Maiden Name *Currie Bias* Mother's Birthplace *Annapolis Md*

Name of person giving information *Carrie Purrier* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Marasmus* **(151)** How long *Months*

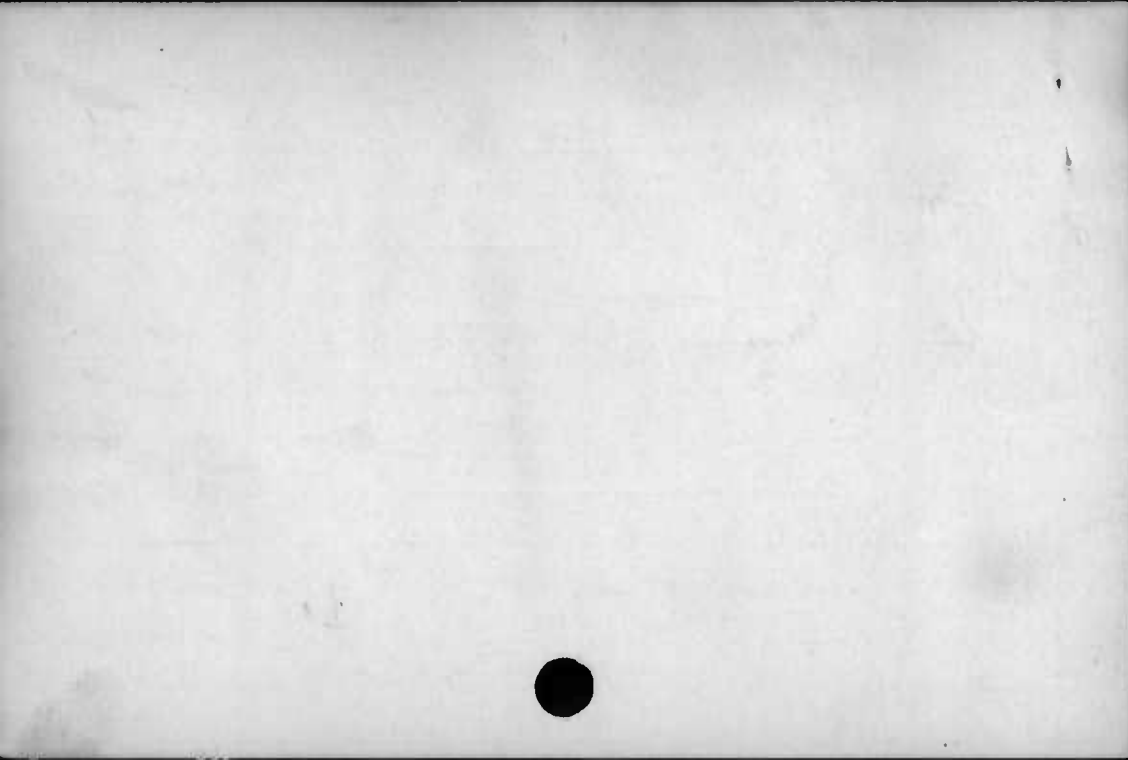
Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above?
yes

Signature of Physician *John Ridout, M.D.*
Address *Annapolis Md*

Accident or Suicide? *-*

PHYSICIAN
OR CORONER



Name
in
Full

Richard Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

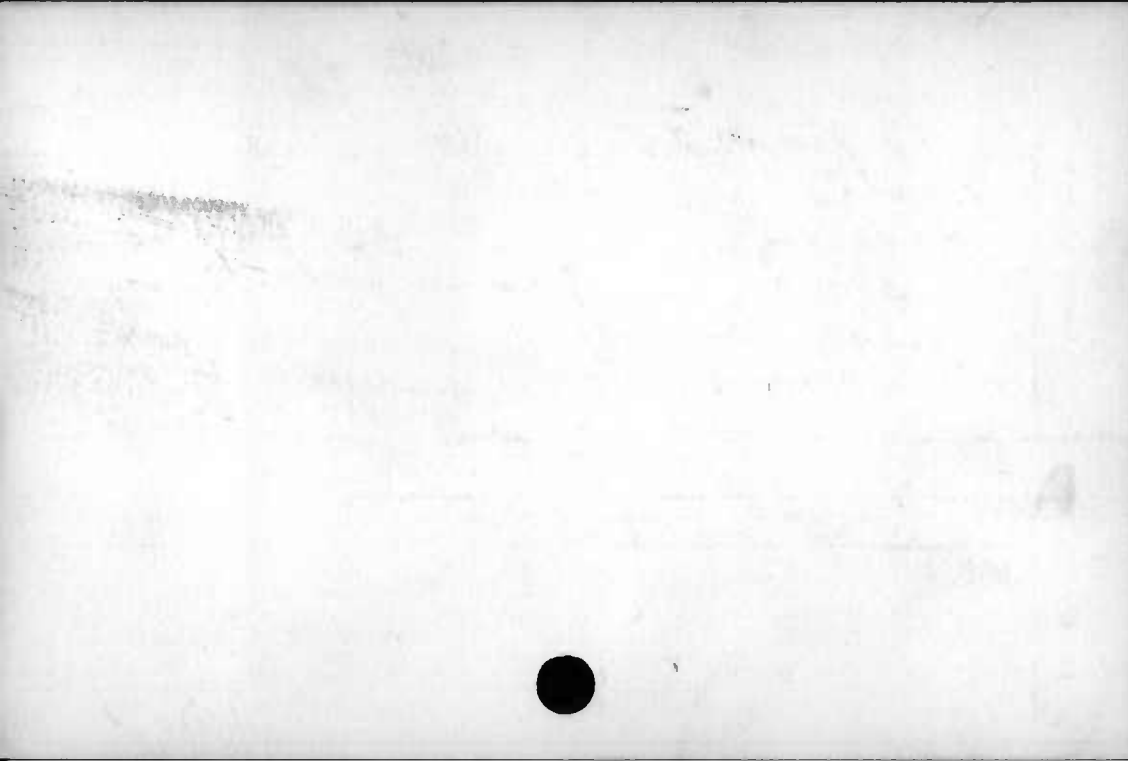
Died at		Tow		County		STATE	
Annapolis		Annapolis		Anne Arundel		Maryland	
Date of death	190	Month	7 June	Day	22 nd	Age	5-39
Sex	Male	Color or Race	Colored	Birth-place	Annapolis		
Occupation	Laborer			Where Residing if not at place of death	36 Clay St		
Married, Single or Widowed	Married			Name of Wife or Husband	Hattie Johnson		
Father's Name	Richard Johnson			Father's Birthplace	P. G. Co. Md		
Mother's Maiden Name	Ann Brown			Mother's Birthplace	Annapolis		
Name of person giving information	J. Adams			How related to deceased	friend		

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Cerebral Apoplexy	How long	four days
Immediate	Heart Failure	How long	two
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. P. Reece	
Address		60 Cathedral St Annapolis Md.	
Accident or Suicide?			



Name
in
Full

Sidonia Reed Johnson

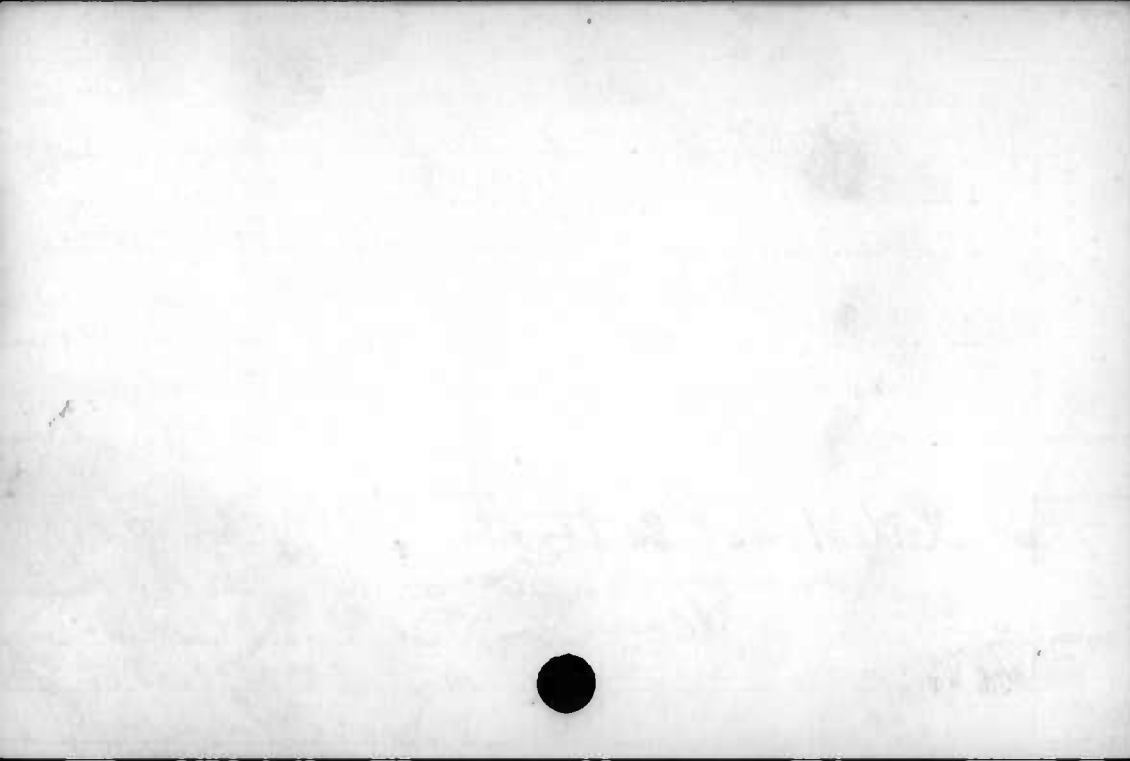
CERTIFICATE OF DEATH

Died at		Town Annapolis		County A. A.		MARYLAND	
Date of death		Month June	Day 19	Age 64	Years 2	Months 17	Days 17
Sex Female		Color or Race Colored		Birth-place West River, Md.			
Occupation Cook		Where Residing if not at place of death Annapolis, Md.					
Married, Single or Widowed Widow		Name of Wife or Husband Joseph H. Johnson					
Father's Name Louise Parker		Father's Birthplace A. A. Co., Md.					
Mother's Maiden Name Willie Ann Phillips		Mother's Birthplace West River					
Name of person giving information Hattie M. Baden		How related to deceased Daughter					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Myocarditis	How long	Yrs.
	Immediate	Cardiac Asthenia	How long	20 min.
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		Ronis B. Decker	
Address		Annapolis, Md.		
Accident or Suicide?		neither		



Name
in
Full

Alvin C. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

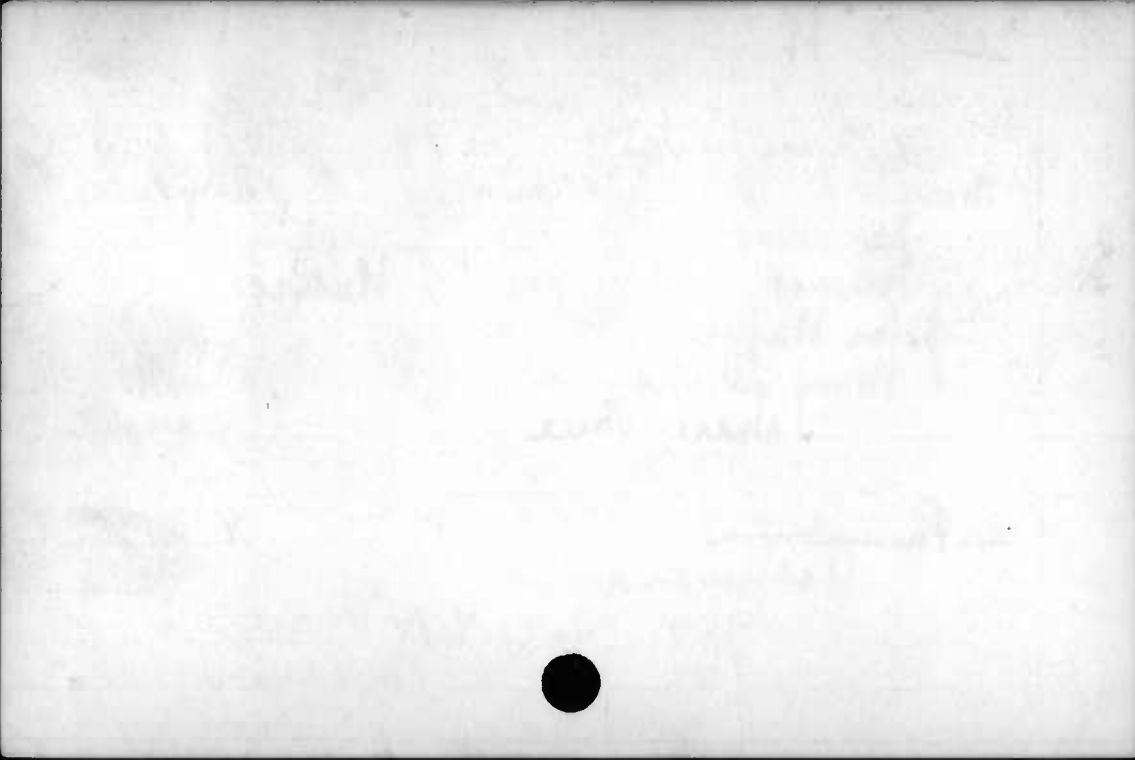
Died at <i>Annapolis Md</i>		County <i>A. a c</i>		MARYLAND	
Date of death	1907	Month <i>June</i>	Day <i>30</i>	Age	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>		
Occupation <i>— none</i>	Where Residing if not at place of death <i>34 Northmont</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William Miller</i>	Father's Birthplace <i>Annapolis Md</i>				
Mother's Maiden Name <i>Nannie Lee</i>	Mother's Birthplace <i>Annapolis Md</i>				
Name of person giving information <i>Nannie Miller</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Intestinal Catarrh</i>	How long <i>4 days</i>
Immediate <i>Convulsions</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. P. Lewis</i>
	Address <i>60 Cathedral St Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

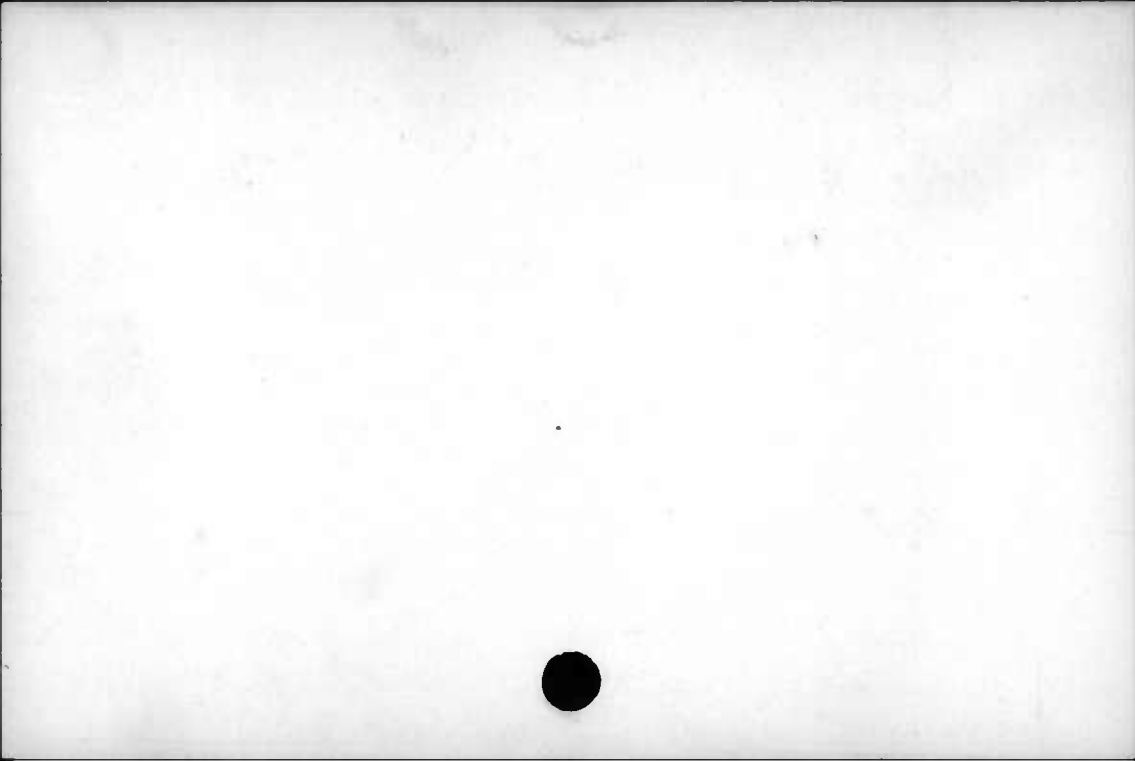
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James E. Nutwell</i>		Town <i>Dodley</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Dodley</i>		Month <i>June</i>		Day <i>5</i>		Age <i>74</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Nutwell</i>					
Father's Name <i>John Nutwell</i>		Father's Birthplace <i>Mo</i>					
Mother's Maiden Name <i>Mary Wells</i>		Mother's Birthplace <i>Mo</i>					
Name of person giving information <i>Annie Price</i>		How related to deceased <i>Daughter</i>					

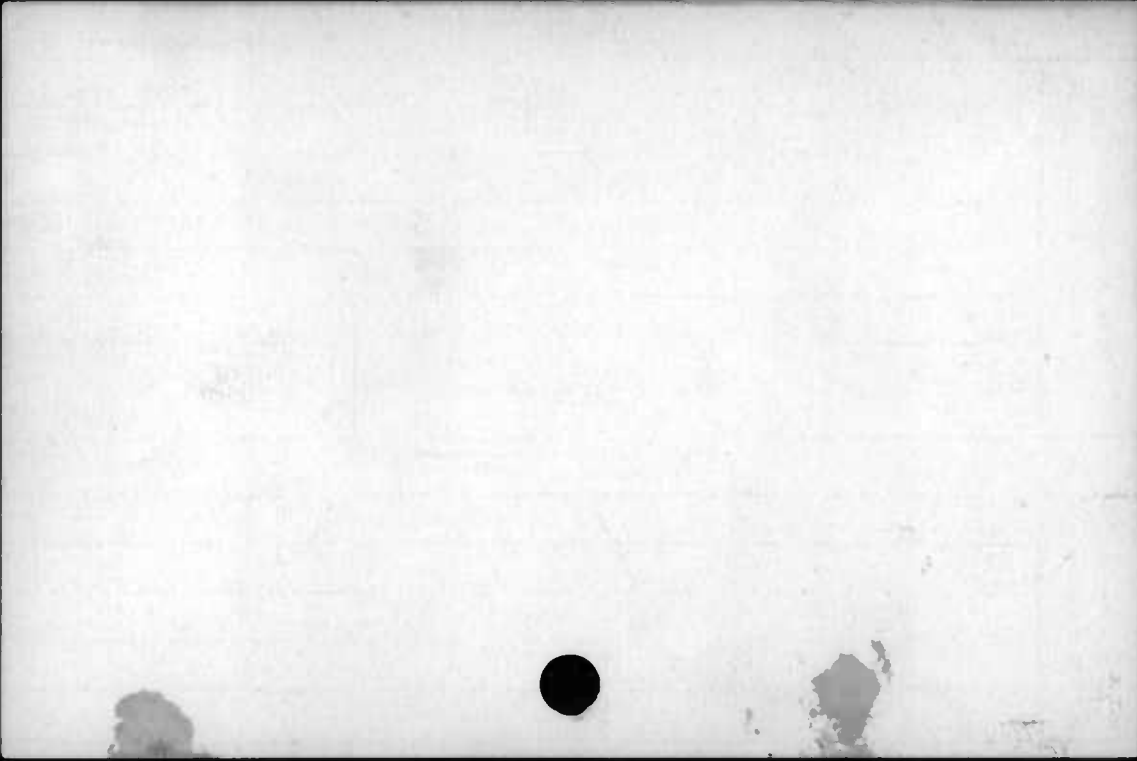
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>(93)</i>	How long <i>9 days</i>
Immediate <i>Asthma</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. N. Perrie</i>	
	Address <i>McKendree, Mo.</i>	
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>South Balto</i> <small>Town</small>		<i>Anne</i> <small>County</small>	
		Date of death <i>1907</i> <small>Month</small> <i>June</i> <small>Day</small> <i>25</i>		Age <i>133</i> <small>Years</small> <i>133</i> <small>Months</small> <i></i> <small>Days</small> <i></i>	
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Austria</i>	
		Occupation <i>Laborer</i>		Where Residing if not at place of death	
		Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband		
		Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
		Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
		Name of person giving information		How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Pistol Shot in heart</i>		<i>159</i> <small>How long</small>	
		Immediate		<i>How long</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. G. L. G. Conway</i>	
		Address <i>South Balto</i>		<i>Ad Ho Md</i>	
Accident or Suicide? <i>Suicide</i>					



Name
in
Full

Annie Ransom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

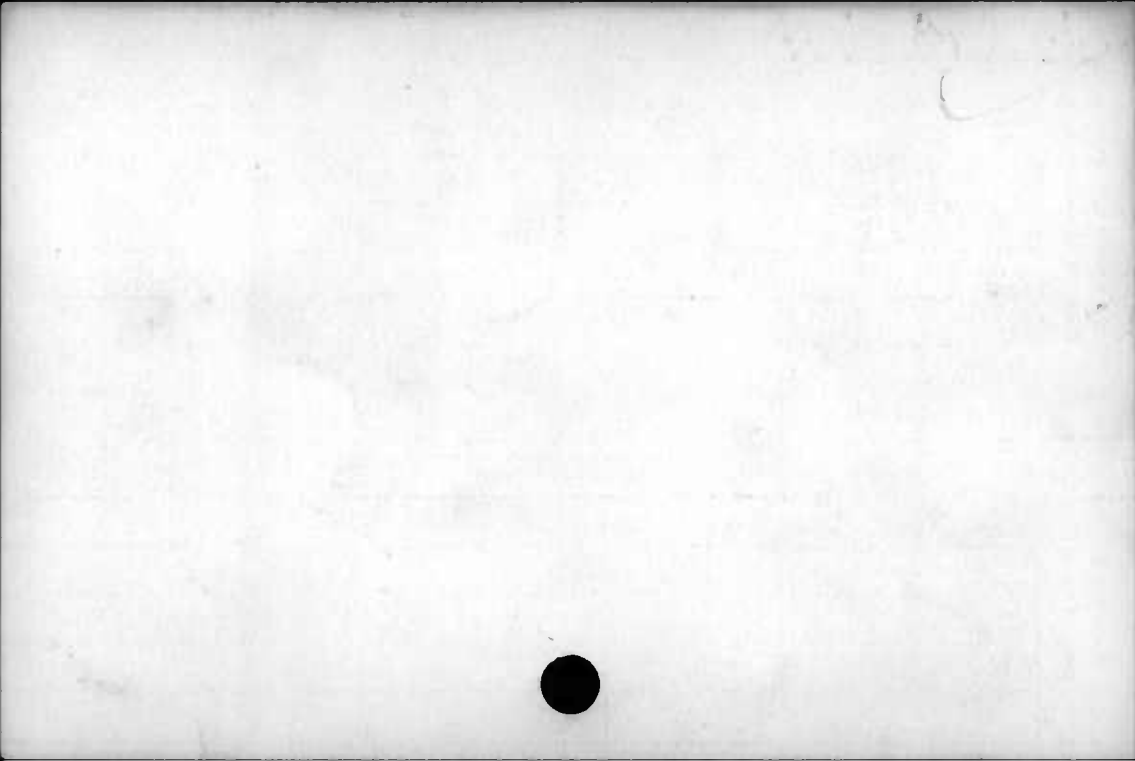
Died at <u>Camp Parole</u> Town <u>Atbo</u> County <u>Atbo</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>29th</u>	Age <u>40</u> Years <u>0</u> Months <u>0</u> Days
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Atbo</u>	
Occupation <u>book</u>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <u>cornelius Ransom</u>		
Father's Name <u>John Holland</u>	Father's Birthplace <u>Atbo</u>		
Mother's Maiden Name <u>Sallie Hall</u>	Mother's Birthplace <u>Atbo</u>		
Name of person giving information <u>Ann Adams</u>	How related to deceased <u>daughter</u>		

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary <u>Chronic Nephritis</u>	How long <u>Months</u>
Immediate <u>Exhaustion</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout</u>
<u>yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name

in
Full

Robert T. Simmes

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Annapolis

H.H.

Md.

Date

Month

Day

Years

Months

Days

of death

1907

June

2

Age

39

Sex

Male

Color or
Race

Caucasian

Birth-
place

H.H. Leona

Occupation

Labor

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Maggie Garaway

Father's
Name

John Simmes

Father's
Birthplace

H.H. Leona

Mother's
Maiden Name

Mary Simmes

Mother's
Birthplace

H.H. Leona

Name of person giving
Information

Maggie Garaway

How related
to deceased

Wife

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

Months

Immediate

As theia

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John Ridout, MD
Annapolis
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Gustavus Smith.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		1907	Month June	Day 9th	Age 70	Months	Days
Sex male		Color or Race white		Birth-place Germany			
Occupation Mate U. S. Navy		Where Residing if not at place of death Annapolis, Md					
Married, Single or Widowed married		Name of Wife or Husband Lydia C. Smith.					
Father's Name — Unknown		Father's Birthplace Unknown					
Mother's Maiden Name — Unknown		Mother's Birthplace Unknown					
Name of person giving Information Lydia C. Smith		How related to deceased wife.					

CAUSES OF DEATH

Primary	Old age + Grippe (10)	How long about 3 months
Immediate	Heart failure	How long one month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. H. L. Strine
Yes		Address U.S. Naval Hospital, Annapolis, Md.
Accident or Suicide?		



Name in Full		4 months October Strauss				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Robinson</u> Town		<u>A. A. Leo</u> County		MARYLAND		
	Date of death <u>1907</u> Month <u>June</u> Day <u>7</u>		Age <u>X</u> Years		Months <u>X</u>		Days <u>X</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Robinson</u>		
	Occupation <u> </u>		Where Residing if not at place of death <u>Robinson</u>				
	Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u> </u>				
	Father's Name <u>Isaac Strauss</u> (S)		Father's Birthplace <u>Russia</u>				
	Mother's Maiden Name <u>Burns ofsky</u> (S)		Mother's Birthplace <u>Russia</u>				
Name of person giving information <u>Isaac Strauss</u>		How related to deceased <u>Father</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Still Born</u> (S)		How long <u>X</u>				
	Immediate		How long <u>X</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas D. Fickert</u>				
			Address <u>Robinson</u>				
Accident or Suicide?		<u>MD</u>					



Name
in
Full

Not Named Wallace

CERTIFICATE OF DEATH

Died at ^{Town} *Willham*^{County} *Anne Arundell*

MARYLAND

Date

of death

1907

Month

June

Day

22

Age

Years

Months

Days

10

Sex

*Male*Color or
Race*Colored*Birth-
place*Anne Arundell Md*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Albert Wallace*Father's
Birthplace*Abco Md*Mother's
Maiden Name*Isabella Creek*Mother's
Birthplace*Abco Md*Name of person giving
information*Albert Wallace*How related
to deceased*Father*

CAUSES OF DEATH

104

Primary

Indigestion & Transient

How long

8 days

Immediate

Convulsions

How long

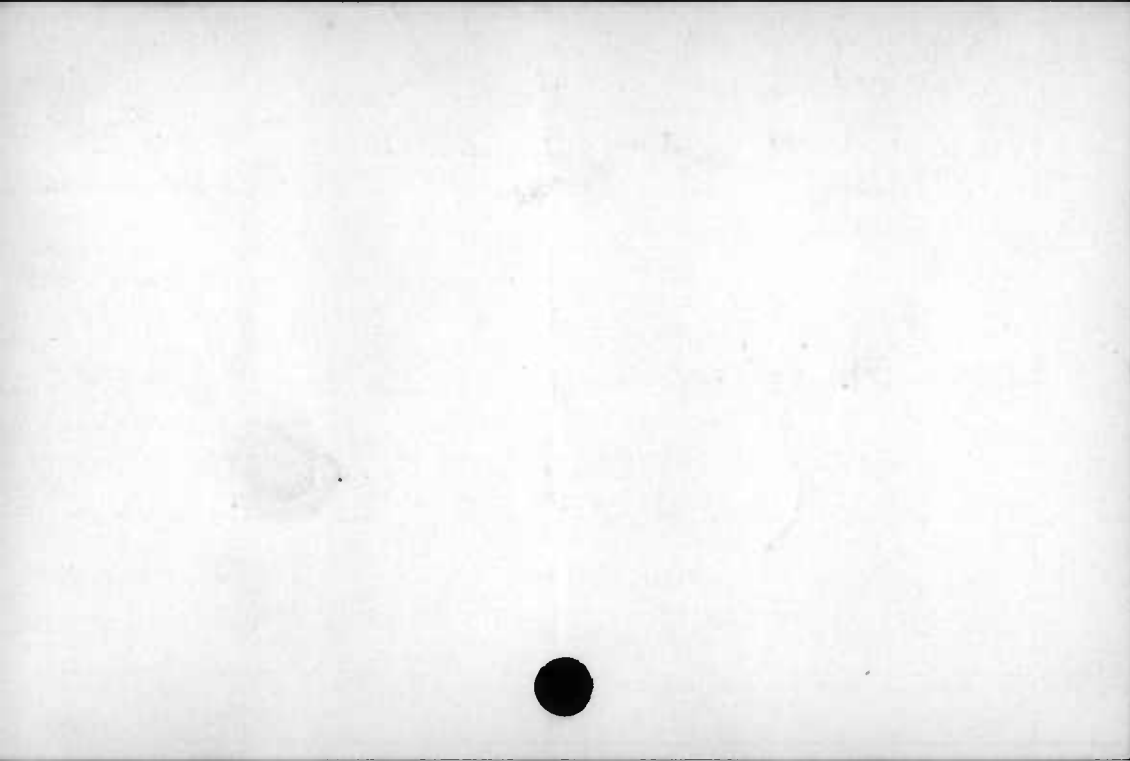
*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Le R Winters*

Address

Hanover Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Margaret Warren		Town Wellham		County Anne Arundel		MARYLAND	
Died at		Date of death		Age		Months	
		1907 July 20		73			
Sex Female		Color or Race Coloured		Birth-place Anne Arundel Co Md			
Occupation Housekeeper		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Thomas Warren					
Father's Name Eli Queen		Father's Birthplace A. C. Md					
Mother's Maiden Name Margaret Lee		Mother's Birthplace A. C. Md					
Name of person giving information Thomas Warren		How related to deceased Husband					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mental Regurgitation	How long	Two Years
Immediate	Exhaustion	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ch W. W. W. W. W.	
		Address	
		Hanover Md	
Accident or Suicide?			



Name
in
Full

Harriet Smith Howell Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Eastport		County A A		MARYLAND	
Date of death	1907	Month June	Day 21 st	Age	78	Months 2	Days 6
Sex	female		Color or Race	white		Birth- place	A A Co
Occupation	Housewife			Where Residing If not at place of death		Eastport	
Married, Single or Widow	married		Name of Wife or Husband Samuel P Wood				
Father's Name	Silbert Howell					Father's Birthplace	A A Co.
Mother's Maiden Name	Eleanor Stallings					Mother's Birthplace	" "
Name of person giving Information	Eleanor S Stevens					How related to deceased	daughter

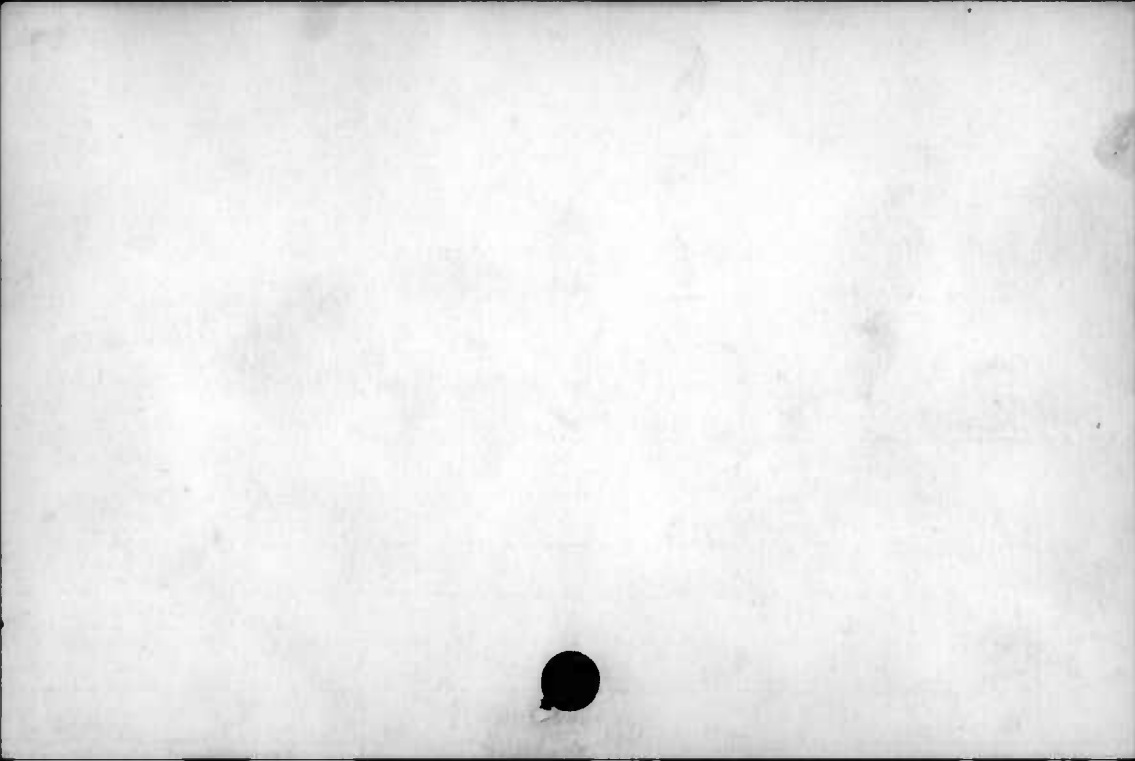
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy		(64)	How long	1
Immediate	Intoxication			How long	two days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Geo. Wells	
yes			Address	Annapolis	
yes				Md.	
Accident or Suicide?			no.		



Name in Full		Robert J Wood				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		East Port	County	A.A. Co. MARYLAND		
		Date of death		1907	Month	June	Day	16
				Age	Years	Months	Days	
		Sex		Male	Color or Race	White	Birth-place	
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		R. J Wood		Father's Birthplace A.A. Co.		
		Mother's Maiden Name		Annie McCallister		Mother's Birthplace A.A. Co.		
		Name of person giving information		W. C. Wood		How related to deceased Brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Marasmus		How long 3 weeks		
		Immediate		Exhaustion		How long Gradual		
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician John Ridout, M.D.		
		Accident or Suicide?				Address Annapolis Md		



Name
in
Full

Still Born (Wooden)

CERTIFICATE OF DEATH

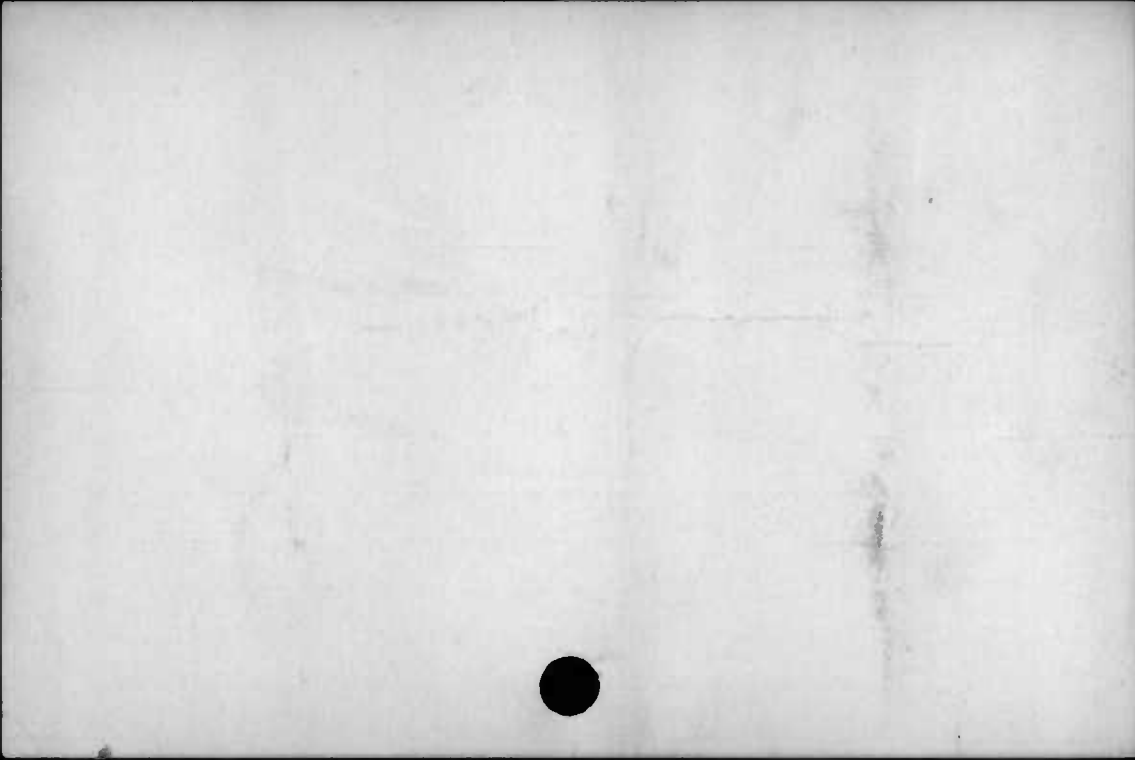
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <i>Ad.</i>		Town		County		MARYLAND	
Date of death	1907	Month	June	Day	4	Age	Unknown
Sex	Male	Color or Race	Colored	Birth-place	Annapolis		
Occupation	Unknown		Where Residing if not at place of death		Horton Lane		
Married, Single or Widowed	Single	Name of Wife or Husband		Unknown			
Father's Name	Charles Wooden		Father's Birthplace	Annapolis			
Mother's Maiden Name	Hyllon Hill		Mother's Birthplace	H.F.W.			
Name of person giving information	Susan Hill		How related to deceased	Grand Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still-born (S)		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout M.D.	
		Address	
		Annapolis	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unknown

Died at *or near mouth of Stony Creek in 3rd district of*

County *Queen Anne's*

MARYLAND

Date of death *1907 June*

Month *June* Day *3*

Years *Age about 30*

Months *-*

Days *-*

Sex *Male*

Color or Race *Caucasian*

Birth-place *Unknown*

Occupation *School Teacher*

Where Residing if not at place of death *Unknown*

Married, Single or Widowed *Unknown*

Name of Wife or Husband *-*

Father's Name *Unknown*

Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown*

Mother's Birthplace *Unknown*

Name of person giving information *Jacob L. Merikens*

How related to deceased *none*

CAUSES OF DEATH

172

Primary *Supposed accidental drowning*

How long *-*

Immediate *drowning*

How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *as far as could be ascertained*

Signature of Physician *Walter S. Davenport Jr.*

Tained Body was found dead near mouth of Stony Creek in 3rd district of Queen Anne's Co. Md.

Address *Bellevue & C. Co. Md.*

Accident or Suicide? *Supposed*

